

<b>ORDER FOR SUPPLIES OR SERVICES</b>										Page 1 Of 6	
<b>1. Contract/Purch Order/Agreement No.</b>  DAAE07-00-D-M001			<b>2. Delivery Order/Call No.</b>  0064		<b>3. Date Of Order/Call (YYYYMMDD)</b>  2001MAR22		<b>4. Requisition/Purch Request No.</b>  SEE SCHEDULE			<b>5. Priority</b>  DOA4	
<b>6. Issued By</b> TACOM AMSTA-LC-CLEB-F BARBARA FIANTACO (810)574-7226 WARREN, MICHIGAN 48397-5000  HTTP://CONTRACTING.TACOM.ARMY.MIL EMAIL: FIANTACB@TACOM.ARMY.MIL				<b>Code</b> W56HZV	<b>7. Administered By (If other than 6)</b> DCM BIRMINGHAM BURGER PHILLIPS CENTER 1910 THIRD AVE. NORTH, RM 201 BIRMINGHAM, AL 35203-2376				<b>Code</b> S0101A	<b>8. Delivery FOB</b>  <input type="checkbox"/> Destination <input checked="" type="checkbox"/> Other  (See Schedule if other)	
<b>9. Contractor</b>  Name and Address  CAMBER CORPORATION 635 DISCOVERY DRIVE HUNTSVILLE, AL 35806  TYPE BUSINESS: Large Business Performing in U.S.			<b>Code</b> OMWW4	<b>Facility</b> 	<b>10. Deliver To FOB Point By (Date) (YYYYMMDD)</b>  SEE SCHEDULE			<b>11. X If Business Is</b>  <input type="checkbox"/> Small <input type="checkbox"/> Small Disadvantaged <input type="checkbox"/> Woman-Owned		<b>12. Discount Terms</b>  	
<b>13. Mail Invoices To the Address in Block</b> See Block 15					<b>14. Ship To</b> SEE SCHEDULE		<b>15. Payment Will Be Made By</b> DFAS-COLUMBUS CENTER DFAS-CO/SOUTH ENTITLEMENT OPERATION P.O. BOX 182264 COLUMBUS, OH 43218-2264			<b>Mark all Packages and Papers with Identification Numbers in Blocks 1 and 2</b>	
<b>16. Type of Order</b>	<b>Delivery/Call</b>	<input checked="" type="checkbox"/>	This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.								
<b>Purchase</b>			Reference your <input type="checkbox"/> Oral; <input type="checkbox"/> Written Quotation, Dated _____, furnish the following on terms specified herein.								
			Acceptance. The Contractor Hereby Accepts The Offer Represented By The Numbered Purchase Order As It May Previously Have Been Or Is Now Modified, Subject To All Of The Terms And Conditions Set Forth, And Agrees To Perform The Same.								
Name Of Contractor			Signature			Typed Name And Title			Date Signed (YYYYMMDD)		
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:											
<b>17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE</b> SEE SCHEDULE											
<b>18. Item No.</b>		<b>19. Schedule Of Supplies/Service</b> SEE SCHEDULE CONTRACT TYPE: Cost-Plus-Fixed-Fee			<b>20. Quantity Ordered/ Accepted*</b>		<b>21. Unit</b>	<b>22. Unit Price</b>		<b>23. Amount</b>	
		KIND OF CONTRACT: System Acquisition Contracts									
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.					<b>24. United States Of America</b>  By: STANLEY T. KULCZYCKI /SIGNED/ KULCZYCS@TACOM.ARMY.MIL (810)574-7004					<b>25. Total</b> \$104,994.71	
<b>26. Quantity In Column 20 Has Been</b>  <input type="checkbox"/> Inspected <input type="checkbox"/> Received <input type="checkbox"/> Accepted And Conforms To Contract Except As Noted  Date _____ Signature Of Authorized Govt Representative _____					<b>27. Ship. No.</b>  <input type="checkbox"/> Partial <input type="checkbox"/> Final		<b>28. D.O. Voucher No.</b>		<b>29. Differences</b>		
<b>36. I certify this account is correct and proper for payment</b>  Date _____ Signature And Title Of Certifying Officer _____					<b>31. Payment</b>  <input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final		<b>32. Paid By</b>		<b>33. Amount Verified Correct For</b>		
									<b>34. Check Number</b>		
									<b>35. Bill Of Lading No.</b>		
<b>37. Received At</b>		<b>38. Received By</b>		<b>39. Date Received</b>		<b>40. Total Containers</b>		<b>41. S/R Account Number</b>		<b>42. S/R Voucher No.</b>	

<b>CONTINUATION SHEET</b>	<b>Reference No. of Document Being Continued</b> <b>PIIN/SIIN</b> DAAE07-00-D-M001/0064 <b>MOD/AMD</b>	<b>Page 2 of 6</b>
<b>Name of Offeror or Contractor:</b> CAMBER CORPORATION		

SUPPLEMENTAL INFORMATION

PROGRAM:	OMNIBUS PROGRAM & ENGINEERING SUPPORT SERVICES
CONTRACT:	DAAE07-00-D-M001/0064 OPT YR 1
PURPOSE:	EXERCISE OPTION YR 1 FOR 1,850 HOURS
CURRENT AMOUNT:	\$ .00
THIS CHANGE:	\$104,994.71
TOTAL AMOUNT:	\$104,994.71

1. This action is Task Order number 0064 issued pursuant to Contract DAAE07-00-D-M001.
2. The purpose of this order is to exercise option for 1,850 hours pursuant to Special Provisions H.1.1. This order will provide project implementation and management for transition to digital operations. Each Project Management Office is responsible for developing and implementing an Integrated Digital Environment/Integrated Business Environment that: 1) provides the functionality required to efficiently and effectively manage their program, 2) provides for appropriate data security and protection of proprietary data, 3) provides for dynamic interoperability across the acquisition enterprise, 4) minimizes the cost of developing, implementing, maintaining and using that IDE/IBE, and 5) achieves the state of "near paperless operations" by 2002.
3. This is a unilateral order for 1,850 man-hours of level of effort, awarded on Cost Plus Fixed Fee basis in the amount of \$104,994.71. This includes \$97,150.71 cost and \$7,844.00 fixed fee.
4. The Contractor shall perform this order 0064 in accordance with the Scope of Work in Section C and Work Directive CAM-064.
5. The period of performance is from date of award through 31 May 01.

6. PAYMENT

The contractor shall submit monthly invoices for payment for work performed in the previous month.

7. INVOICE INSTRUCTIONS

In accordance with the Prompt Payment clause (FAR 52.232-25), the following additional invoice instructions apply to this contract. On each billing document prepared by the contractor, the CLIN/SUBCLIN applicable to that billing shall be specified. Where there is one ACRN applicable to the particular CLIN/SUB/CLIN being billed, the ACRN shall be specified as well.

8. PAYMENT INSTRUCTIONS FOR DFAS

- a. In accordance with the Prompt Payment clause (FAR 52.232-25), the following additional invoice instructions apply to this contract.
- b. The paying office shall pay each invoice only with the funds obligated under the CLIN/SUBCLIN specified on the voucher. Payments shall be made first from the oldest funds by fiscal year applicable to each individual CLIN. The oldest funds shall be disbursed in their entirety before proceeding to disburse the next ACRN.

Name of Offeror or Contractor: CAMBER CORPORATION

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001	<p>SUPPLIES OR SERVICES AND PRICES/COSTS</p> <p><u>Supplies or Services and Prices/Costs</u></p> <p><u>SERVICES LINE ITEM</u></p> <p>SECURITY CLASS: Unclassified NOUN: Provide project implementation and management for transition to digital for PEO GCSS</p> <p>Level of Effort: 1,850 man-hours</p> <p>WD: CAM-0064</p> <p>Estimated Cost: \$ 97,150.71 Fixed Fee: 7,844.00 Total Estimated Cost: \$104,994.71</p> <p>(End of narrative B001)</p>				
0001AA	<p><u>SERVICES LINE ITEM</u></p> <p>NOUN: CONTINUATION OF IBE EFFORTS SECURITY CLASS: Unclassified PRON: EH1CIT13EH PRON AMD: 01 ACRN: AA AMS CD: 423612</p> <p>Noun: Mgt Support Digital Operations PEO-GCSS</p> <p>WD: CAM-064</p> <p>(End of narrative B001)</p> <p><u>Inspection and Acceptance</u> INSPECTION: Destination ACCEPTANCE: Destination</p> <p><u>Deliveries or Performance</u> DLVR SCH PERF COMPL <u>REL CD</u> <u>QUANTITY</u> <u>DATE</u> 001 0 31-MAY-2001</p> <p>\$ 50,000.00</p>				\$ 50,000.00



<b>CONTINUATION SHEET</b>	<b>Reference No. of Document Being Continued</b> <b>PIIN/SIIN</b> DAAE07-00-D-M001/0064 <b>MOD/AMD</b>	<b>Page</b> 5 <b>of</b> 6
<b>Name of Offeror or Contractor:</b> CAMBER CORPORATION		

DELIVERIES OR PERFORMANCE

F.1 Period of Performance

Period of performance for the work set forth in WD CAM-064 is date of award thru 31 May 01.

\*\*\* END OF NARRATIVE F 001 \*\*\*

Name of Offeror or Contractor: CAMBER CORPORATION

CONTRACT ADMINISTRATION DATA

										JOB				
LINE	PRON/	OBLG								ORDER	ACCOUNTING		OBLIGATED	
ITEM	AMS CD	ACRN	STAT	ACCOUNTING CLASSIFICATION						NUMBER	STATION	AMOUNT		
0001AA	EH1CIT13EH	AA	2	21	12020000016D8030P423612252B	S20113				1DD2DB	W56HZV	\$	50,000.00	
423612														
0001AB	EH1CIT14EH	AA	1	21	12020000016D8030P423612252B	S20113				1DDCAM	W56HZV	\$	54,994.71	
423612														
												TOTAL	\$	104,994.71
SERVICE										ACCOUNTING		OBLIGATED		
NAME	TOTAL BY ACRN		ACCOUNTING CLASSIFICATION						STATION	AMOUNT				
Army	AA		21	12020000016D8030P423612252B	S20113				W56HZV	\$	104,994.71			
												TOTAL	\$	104,994.71